

Nelson Mullins



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December 8, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re: Application of Billies B. Butler et al.
Title: "MAGNETIC THERAPY CLOTHING ARTICLES AND COMPLEX
MAGNETIC UNIT FOR USE THEREWITH"
Serial No: 10/809,283 Filed: March 25, 2004
Our Ref: 17922/09001

Dear Sir:

The following are being transmitted herewith:

1. Amendment
2. Fee Transmittal for FY 2006
3. Credit Card Payment Form

Please charge any deficiency or credit any overpayment required by this action to our deposit account no. 50-1196, for which purpose an extra copy of this transmittal letter is attached.

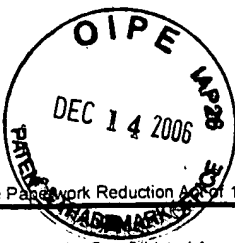
Very truly yours,

Craig N. Killen
Craig N. Killen
Reg. No. 35,218

I hereby certify that this correspondence and any referenced attachment and/or fee are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed above.

Martha Boynton
(Typed name of person mailing paper or fee)

Martha Boynton
Signature of person mailing paper or fee



PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 510

Complete if Known

Application Number	10/809,283
Filing Date	March 25, 2004
First Named Inventor	Billies B. Butler
Examiner Name	Gilbert, Samuel G.
Art Unit	3735
Attorney Docket No.	17922/09001

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-1196 Deposit Account Name: Nelson Mullins et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)**Fees Paid (\$)**

Other (e.g., late filing surcharge): three-month extension 510

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,218	Telephone	803-255-9382
Name (Print/Type)	Craig N. Killen			Date	Dec. 8, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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12/14/2006 FNETK11 00000061 10809283

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PATENT

ATTORNEY DOCKET NO.: 17922/09001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	Examiner: Gilbert, Samuel G.
Billies B. Butler et al.)	
)	
Serial No.: 10/809,283)	Art Unit: 3735
)	
Filed: March 25, 2004)	
)	
Title: MAGNETIC THERAPY CLOTHING)	
ARTICLES AND COMPLEX MAGNETIC)	
UNIT FOR USE THEREWITH)	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed June 8, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks begin on page 3 of this paper.